King County
Work & Life Benefits
Vision Plan Summary

Vision Service Plan (VSP)

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Directory

If you have questions about ...	Contact …
• Benefits eligibility • Enrollment • When coverage begins • Other King County Work & Life Benefits	**Benefits & Well-Being** at 206-684-1556 (8:30 a.m. – 4:30 p.m. Monday – Friday, except 10:30 a.m. – 4:30 p.m. Thursday) www.metrokc.gov/ohrm/benefits Exchange Building Mail Stop EXC-HR-1030 821 Second Avenue Seattle WA 98104-1598
• VSP providers • Filing claims • Details about plan benefits (covered expenses, limitations, exclusions) • Low vision benefit authorization	**Vision Service Plan** at 1-800-877-7195 (6 a.m. – 6 p.m. Monday – Friday) www.vsp.com PO Box 997100 Sacramento CA 95899-7100

The information in this booklet is available in accessible formats by calling Benefits and Well-Being at 206-684-1556 (voice) or through Washington State Telecommunication Relay Service at 1-800-833-6388.

Although this booklet includes certain key features and a brief summary of this vision coverage, it does not provide detailed descriptions. If you have specific questions, contact Vision Service Plan or Benefits and Well-Being.

We've made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between this booklet and the insurance contracts or other legal documents, the legal documents will always govern.

King County intends to continue this plan indefinitely but reserves the right to amend or terminate it at any time in whole or in part, for any reason, according to the amendment and termination procedures described in the legal documents.

This booklet does not create a contract of employment with King County.

Learn More About ... *On Page ...*

Highlights

Here are a few highlights of your vision benefits:

- You can use any provider you wish; plan benefits apply if you see a Vision Service Plan provider or a non-VSP provider
- Benefits are higher if you use a VSP provider.

Claim processing is provided by VSP — an organization that has contracted with thousands of providers (optometrists and ophthalmologists) throughout the country.

Important Facts

This booklet describes your vision plan. However, there are many important topics including laws, regulations and county provisions that affect more than just this plan. These provisions can change frequently. To be more efficient, and avoid repetition, we included the following topics in your "Important Facts" booklet:

- What Happens If (you take a leave of absence, become disabled, etc.)
- Eligibility
- Enrolling in the Plans
- When Coverage Begins
- Qualified Medical Child Support Order (QMCSO)
- When Coverage Ends
- Continuation of Coverage (COBRA)
- Assignment of Benefits
- Third Party Claims
- Recovery of Overpayments
- Termination and Amendment of the Plans.

Who's Eligible

Refer to your "Important Facts" booklet for information about eligibility and appeal of eligibility.

Cost

When you receive vision benefits, you and each covered family member must pay a $10 copay once during any 12-month period. If you see a VSP provider, you pay the copay directly to the provider; if you see a non-VSP provider, the $10 copay will be deducted from the amount the plan reimburses you (see "Vision Plan Summary" on page 3 for plan benefits). See your enrollment materials for information related to any monthly cost of coverage.

You will be responsible for expenses not covered by this plan.

Enrolling in the Plan

If you are a newly hired employee, you must submit a completed enrollment form to Benefits and Well-Being within 30 days of your hire date; otherwise, you will receive employee only vision coverage — your family members will not be covered. See your enrollment materials for details.

Making Changes

Each year during open enrollment, you may change your elections. Under certain circumstances, you may make changes during the year. Refer to your "Important Facts" booklet for details.

When Coverage Begins

Refer to your "Important Facts" booklet for information on when coverage begins.

How the Vision Plan Works

Vision Plan Summary

The following table summarizes covered services and supplies under this plan and identifies related maximums and limitations. Please refer to "Covered Expenses" on page 5 and "Expenses Not Covered" on page 6 for more information on your vision benefits.

Covered Expenses	If you see a VSP provider	If you see a non-VSP provider
Copay	You pay a $10 copay to the provider and the plan pays …	You pay the bill in full and the plan reimburses you the following amount minus the $10 copay …
Exams (once every 12 months)	100%	Up to $40
Lenses – (one pair every 12 months)		
- Single vision	100%	Up to $40
- Bifocal	100%	Up to $60
- Trifocal	100%	Up to $80
- Lenticular	100%	Up to $125
- Progressive	100%	Not covered
- Tints	100%	Up to $5
- Coatings	100%	Not covered
Frames (once every 24 months)	100%	Up to $45
Contacts – (one pair every 12 months in place of eyeglass lenses and frames)		
- Elective	100%, up to $105❷	Up to $105❷
- Medically necessary	100%	Up to $210

VSP covers a wide selection of frames, but not all frames are covered in full. If you choose a frame that is not fully covered, you'll be responsible for the extra cost. Your VSP provider can tell you which frames are not fully covered by the plan.

❷ Providers may bill you for contact lenses separately or they may include the lenses, fittings and follow-up fees in one bill. All of these fees associated with contact lenses apply to the maximum paid by the plan ($105).

VSP Providers

VSP has an extensive nationwide network of doctors who agree to provide vision care and materials to plan participants. Finding a VSP provider is easy — to obtain a complete directory or details about VSP providers, call 1-800-877-7195.

Accessing Care

Under this plan, you can use any provider you wish, VSP or non-VSP. However, you receive higher benefits if you see a VSP provider and claims will be filed for you automatically.

To receive VSP-level benefits:

- You make an appointment with your VSP provider. Be sure to identify yourself as a VSP participant and give the employee's Social Security number. The VSP provider will notify you if any services you're requesting are not covered and will explain when those services will be available, if at all.
- You pay a $10 copay when you meet with the provider (you pay only once during any 12-month period).
- The plan pays 100% for most covered services.
- You do not need to file claims.

To receive non-VSP-level benefits:

- You make an appointment with any licensed provider. If you want to verify that the care you'll receive is covered, call VSP at 1-800-877-7195.
- You pay the bill in full.
- You file a VSP claim for reimbursement.
- The plan reimburses you up to the level of benefits shown in "Vision Plan Summary" minus the $10 copay (which is deducted from your reimbursement only once during any 12-month period).

Helpful Hint: Each time you receive elective contact lenses under the plan, you must wait 12 months before you are eligible for lenses and 24 months before you're eligible for frames. If you are interested in getting both glasses and contacts, purchase the glasses first, then you can replace lenses (either contact lenses or spectacle lenses) each year.

Example

The example below shows how the plan pays for services from VSP providers compared to non-VSP providers. Let's assume you have a vision exam and need bifocal glasses. In this case, here's how the plan would pay benefits.

		VSP Provider		Non-VSP Provider	
Service	**Expense**	**Plan Pays**	**You Pay**	**Plan Pays**	**You Pay**
Vision exam	$74	$74	$0	$40	$34
Basic bifocal lenses	97	97	0	60	37
Frames	104	104	0	45	59
Copay	$10	—	You pay $10 at the time of service	Your $10 copay is deducted from the plan reimbursement	
Total❷	$285	$275	**$10**	$145	**$140**

Frames vary widely in price. The price listed here is a national average. VSP has a wide selection to choose from based on wholesale costs negotiated with ophthalmic laboratories.

❷ In this example, you pay a total of $10 if you see a VSP provider, but $140 if you see a non-VSP provider.

Covered Expenses

The following section describes expenses covered by this plan. For information on the level of benefits you receive (for example, related maximums and limitations), refer to "Vision Plan Summary" on page 3. Also see "Expenses Not Covered" on page 6 for more information.

Covered vision expenses include:

- Vision exams — a complete analysis of the eye and related structures to determine the presence of vision problems or abnormalities
- Lenses (progressive multifocal lenses are covered only when you see a VSP provider)
- Frames
- Elective contact lenses
- Medically necessary contact lenses, which are those recommended for the following conditions:
  - Cataract surgery
  - Extreme visual acuity problems that cannot be corrected with eyeglasses
  - Conditions of anisometropia
  - Keratoconus.

Your VSP provider must request prior approval for medically necessary contact lenses. If approved, they will be paid at the level shown in "Vision Plan Summary" on page 3.

VSP providers generally require 2-3 working days to make lenses, based on the lab and materials selected. If you don't have a back-up pair of glasses and would like faster turnaround, your provider may be able to accommodate you — depending on their arrangements with the lab. The cost and arrangements will vary by provider; contact your VSP provider for details.

Extra Cost Items

This plan is designed to pay the cost of visual rather than cosmetic needs. You pay the extra cost for:

- Amounts over the low vision benefit maximum
- Cost for frames above the plan allowance
- Optional cosmetic services, procedures, and supplies.

A VSP provider can tell you the additional charges for these items.

Low Vision Benefit

If you have severe visual problems that are not correctable with regular lenses, you may be eligible for the low vision benefit. To receive this benefit, you must:

- Obtain authorization from VSP before you receive services
- See a VSP or non-VSP provider
- Pay a copay equal to 25% of the cost of services.

The plan pays low vision benefits up to $1,000 (excluding the copay) every two years. The plan pays 100% for analysis and diagnosis including a comprehensive exam of visual functions, with a prescription for corrective eyewear or vision aids where indicated.

Low Vision Benefit (cont'd)

If you see a non-VSP provider, you must pay the provider in full and file a claim with VSP for reimbursement. The benefits will not be more than the amount payable had you seen a VSP provider.

Additional VSP Provider Benefits

In addition to the benefits described in "Covered Expenses," VSP providers offer the following discounts if you want another pair of glasses or contacts:

- You may purchase an additional pair of frames and prescription lenses from your VSP provider at a 20% discount. To receive this discount, you must make the additional purchase within 12 months of your initial exam and from the same VSP provider.
- If you see the same VSP provider for a second exam in a 12-month period, and the purpose is to fit you for prescription contact lenses, you'll receive a 15% discount toward the exam and any follow-up services.

Expenses Not Covered

The following expenses are not covered under the Vision Plan:

- Blended lenses
- Costs that exceed plan allowances
- Exams or eyewear required as a condition of employment
- Extra cost items, as described on page 5
- Medical or surgical treatment of the eye (see your medical booklet for information on covered expenses)
- Orthoptics or vision training and any associated supplemental testing
- Oversized lenses (61 mm or larger)
- Plano (nonprescription) lenses
- Replacement of lenses and frames that are lost or broken, except at normal intervals — once every 12 months for lenses and once every 24 months for frames (if frames are broken as the lenses are being inserted, VSP may cover the cost, depending on the age and condition of the broken frames — contact VSP for details)
- Services or materials provided as a result of Workers' Compensation law or similar legislation, or obtained through or required by any government agency or program
- Two pair of glasses in place of bifocals.

What Happens If

If You Need Emergency Care

If you need immediate and unexpected vision care (for example, sudden change in your sight) or vision hardware (for example, you break your glasses), you may see either a VSP or non-VSP provider and receive VSP-level benefits if you haven't used up your benefit. If you need care beyond this initial emergency, you'll need to see a VSP provider to receive VSP-level benefits. (See "Vision Plan Summary" on page 3 for details on VSP-level benefits.)

If You Need Care While Traveling

If you need immediate and unexpected vision care, as described above, while you're traveling, you may see either a VSP or non-VSP provider. Benefits depend on the provider you see (VSP or non-VSP) and paid at the level shown in "Vision Plan Summary" on page 3.

The VSP network of providers is nationwide. To find one in your immediate area, call VSP at 1-800-877-7195.

If Your Family Member Lives Away From Home

Family members who live away from home temporarily or permanently may see a VSP or a non-VSP provider. Benefits depend on the provider you see and paid at the level shown in "Vision Plan Summary" on page 3.

Filing a Claim

If you obtain covered services or materials from a non-VSP provider, you must pay the provider in full, then submit a claim and an itemized receipt. The plan reimburses you up to the amounts identified in "Vision Plan Summary" on page 3.

All claims must be filed within 6 months of the date services are complete. When submitting your itemized receipts for reimbursement, you must include:

- Employee's name and address
- Employee's Social Security or identification number
- The name of the group, which is King County
- Patient's name, relationship to employee, and date of birth.

Send claim forms to:

Vision Service Plan
PO Box 997100
Sacramento CA 95899-7100
1-800-877-7195

Appealing a Claim

When you become eligible for benefit payments, you must follow certain steps for filing a claim. If your claim is denied in whole or in part, you will be notified in writing of the reason for the denial within 90 days from the date you filed your claim. The notice will include information required if you want to appeal.

You may appeal a denied claim within 60 days of the date you receive the denial notice. This procedure is the only means available to change a benefit decision. To appeal, write to the plan and state the reasons you believe your claim should have been paid.

Include any additional documentation to support your claim. You also may submit questions or comments you think are appropriate, and you may review relevant documents.

Normally, you will receive a written decision on your appeal within 60 days of the date the plan receives your request. If special circumstances require a delay, you will be notified of the extension during the 60 days following receipt of your request.

Send your appeal to:

Vision Service Plan
PO Box 997100
Sacramento CA 95899-7100

Qualified Medical Child Support Order (QMCSO)

The plan may provide medical coverage to certain children of yours if directed by certain court or administrative orders. Refer to your "Important Facts" booklet for information.

Coordination of Benefits

This section applies to you if you or an eligible family member is covered by both this plan and a plan not sponsored by the county (and you expect reimbursement from both plans). If you and your eligible family member are covered under a county-sponsored plan both as an employee and as a family member, different rules may apply. Contact Benefits and Well-Being for details.

If you or your family members have additional health care coverage, benefits from the other plan(s) may be considered before benefits are paid under this plan. Additional coverage includes another employer's group benefit plan or other group arrangement – whether insured or self-funded.

The plan that must pay benefits first is considered primary and will pay without regard to benefits payable under other plans. When another plan is primary, this plan will coordinate benefits so you receive maximum coverage. In no case will you receive more than 100% of the covered expense.

If you or your family members are covered under another plan, be sure to keep a copy of your itemized bill and send the bill and Explanation of Benefits to this plan.

If the other plan does not have a coordination of benefits provision, that plan will pay first. If it does, the following rules determine payment:

- The plan covering an individual as an employee will pay first.
- The plan of the parent whose birthday is first in the calendar year pays for covered children first unless the parents are divorced or legally separated. (If the other plan does not have this rule, the other plan's provisions will apply.)
- If the parents are divorced or legally separated, these rules apply:
  - If the parent with custody (or primary residential placement) has not remarried, the plan of that parent pays before the plan of the parent without custody
  - If the parent with custody has remarried, the plan that covers the child is determined in this order: plan of the parent with custody, plan of the spouse of the parent with custody, plan of the parent without custody, plan of the spouse of the parent without custody
  - If the court decree establishes financial responsibility for the child's health care, the plan of the parent with that responsibility will pay first.

If these provisions don't apply, the plan that has covered the employee longer pays first. Nevertheless, if either parent is retired, laid off or a family member of a retired or laid-off person, the plan of the person actively employed will pay first (unless the other plan doesn't have a provision regarding retired or laid-off employees).

The plans have the right to obtain and release data as needed to administer these coordination procedures. For example, if the plans paid too much under the coordination of benefits provision, the plans have the right to recover the overpayment from you or your provider.

When Coverage Ends

Refer to your "Important Facts" booklet for information on when coverage ends.

Continuation of Coverage (COBRA)

Continued coverage is generally available to you and your covered family members under COBRA if coverage ends because of a qualifying event. Refer to your "Important Facts" booklet for information.

Assignment of Benefits

Plan benefits are available to you and your covered family members only. Refer to your "Important Facts" booklet for information.

Third Party Claims

If you receive benefits for any condition or injury for which a third party is liable, VSP may have the right to recover the money it paid for benefits. Refer to your "Important Facts" booklet for information.

Recovery of Overpayments

VSP has the right to recover amounts paid by VSP that exceed the amount for which VSP is liable. Refer to your "Important Facts" booklet for information.

Termination and Amendment of the Plan

Refer to your "Important Facts" booklet for information on termination and amendment of the plan.

Definitions

To help you better understand your vision benefits, here's a list of important definitions.

Blended Lenses. A bifocal lens that has invisible segment lines in the reading area.

Copay. The amount you pay once during any 12-month period before the plan pays benefits.

Non-VSP Provider. A provider who does not have a contract with VSP.

Progressive Multifocal Lenses. A multifocal lens that has invisible segment lines in the reading area. The process by which technicians make the lenses will distinguish the progressive multifocal lenses from the blended lenses.

Provider. Optometrists, ophthalmologists or dispensing opticians.

Vision Service Plan (VSP). VSP is an organization that has contracted with optometrists and ophthalmologists to provide professional vision care and materials at a uniform cost.

VSP Provider. A provider who has a contract with VSP (optometrists or ophthalmologists).